

# key points

SELECTED BY

**Dr Peter Saul**

GP, Wrexham and associate GP Dean for North Wales

**Ovarian cancer is the fifth most common cancer in women** and the second most common gynaecological cancer, accounting for more than 6,700 new cases diagnosed each year in the UK. The incidence has increased over the past 20-25 years, particularly in the 65 and over age group. The outcome for women with ovarian cancer is generally poor, with an overall five-year survival rate of less than 35%.

**Most women are diagnosed with advanced stage** disease and this contributes to ovarian cancer having the lowest relative five-year survival rate of all gynaecological cancers. Earlier diagnosis could improve survival outcome. Although 93% of women experience symptoms before diagnosis, a GP with an average sized practice may only see one case of ovarian cancer every five years or so, which makes recognition of the symptoms and early diagnosis more difficult.

**Evidence has shown that combining a number of** symptoms that occur on a persistent or frequent basis (particularly more than 12 times per month) can have a sensitivity of up to 85% and a positive predictive value of the order of 0.2% i.e. 1 in 500 women would have ovarian cancer. These data form the basis of the recent NICE guideline recommendations.

**The NICE guidance recommends that serum CA125** should be the initial test followed by pelvic and abdominal ultrasound if the serum CA125 is abnormal (i.e.  $\geq 35$  IU/ml). These tests should be requested by GPs prior to definitive referral. If both tests are abnormal, then these women should be referred on the two-week urgent referral pathway to the local specialist unit. Those with elevated serum CA125 but normal ultrasound scans may need a gynaecological referral whereas women with normal CA125 results may require appropriate gastrointestinal evaluation.

**When ultrasound, CA125 and clinical status suggest ovarian** cancer, a CT scan of the pelvis and abdomen should be performed to establish the extent of disease. Wherever possible the diagnosis should be histological as this is the only way of determining the cancer type and grade.

**Surgery and chemotherapy, either in combination or** individually, remain the therapeutic mainstays. Surgery is often performed at the outset of treatment, especially when assessment indicates that all macroscopic disease may be removed as in early disease. It allows staging and histological diagnosis, and is therapeutic, often curative, when all disease can be removed. In advanced disease chemotherapy has prime therapeutic importance.